



Testimony before the House Health Policy Committee
Senate Bill 2
Tina Tanner, MD & Mary Marshall, MD
September 9, 2014

Good morning Chairwoman Haines and members of the House Health Policy Committee. This testimony is being submitted today on behalf of the Michigan Academy of Family Physicians, the state's largest physician specialty association. Representing over half of Michigan family physicians, the Academy's mission is to promote excellence in health care and the betterment of the health of the citizens of Michigan. We respectfully oppose Senate Bill 2 as we do not believe the bill, as written, is in the best interest of Michigan citizens. We wish to qualify our opposition, sharing some of the ways we believe the Academy's concerns could be addressed and have circulated a letter to that effect.

We want to be clear upfront – we view the increasing variety of situations in which advanced practice registered nurses (APRNs) are utilized as a strong positive and support appropriately defining their scope and licensure in the Public Health Code. We agree with health policymakers who see utilization of APRNs as a mechanism to improve the availability of health care services through the effective use of patient care teams. However, this bill, as written, falls short of accomplishing these objectives. Instead, it would expand the scope of practice of APRNs to allow them to practice independent of a physician, erecting barriers to the communication and collaboration deemed essential to the provision of quality health care.

Fundamentally, what MAFP is advocating for is not a tyrannical system of physician vs. nurse practitioner as it may be characterized. Instead, we are supportive of a team-based approach wherein nurse practitioners and physicians are working together. Ensuring this relationship is structured and statutorily defined is consistent with the goals that we all share, namely upholding patient safety and ensuring our patients receive comprehensive, quality health care.

As a practicing family physician, I have the opportunity to work with many excellent professionals. I have yet to encounter anyone who functioned better in isolation. With the ever-increasing complexity of care for our patients, ongoing education and communication is essential. We need networks, not barriers. These

relationships are developed best by those involved and should be guided by what is in the best interest of the patient. Across the nation and our state, health care is transitioning to more integration of care in both the inpatient and ambulatory settings and Michigan's scope laws should reflect this systemic shift.

In that regard, the importance assigned to the providers' levels of training and skill sets will have major implications. Physicians are required to complete four years of graduate-level education followed by anywhere from three to seven years of residency or fellowship training, which typically amounts to 12,000 to 16,000 patient care hours. Michigan's Public Health Code clearly defines continuing medical education (CME) requirements for physician licensure. In contrast, nurse practitioners are required to complete two to four years of graduate level education with no requirement for residency or fellowship training for a total of 500-720 of required patient care hours.¹ However, Senate Bill 2 is silent on the number of CME hours required of an APRN and lacks specifics on any core curriculum or skill set required for completion of the mentorship as would be required under a physician residency program.

What we do not need is more fragmentation of care or health care providers trying to define and solve the upcoming problems we face with a piecemeal approach. Year after year, the assault on the Legislature to expand the scope of practice by health care providers in silos has been divisive and counterproductive. It is time for the strategy to change if we truly want to improve health care for Michiganders. Creation of health care teams and practice agreements with the development of additional measures of ongoing competency will comprehensively address the same objectives (e.g. improving access to care), and still allow nurse practitioners to work to the top of their licensure. As a final point here, I ask that you note that our position in this regard is actually a far cry from defending the status quo of scope laws in Michigan.

Certainly there is no perfect template as to how to transform this process. We appreciate the opportunity we have had to work with the sponsor to address our concerns mentioned today and we hope to continue these discussions going forward. Thank you for your thoughtful consideration of our testimony.

¹ <http://www.iom.edu/Reports/2010/The-Future-of-Nursing-Leading-Change-Advancing-Health.aspx>